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PTO/SB/22 (12-04)

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Under the Paperson's Robuston As or 1993, no persons as year	050 4 105(a)	Docket Number (Option	च्छ)	
	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(8) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		WEAT/0524	
	200 (/ 2 0 0 0)	Filed October 2, 2	003	
Application Number 10/678,738	THE PART OF STRINGS	IN PLACE FOR ONE	PASS	
FOI METHOD AND APPARATUS FOR CEMENT DRILLING AND COMPLETION OF OIL AND GAS W	ELLS			
Art Unit 3672		Examiner Frank T	say	
This is a request under the provisions of 37 CFR 1.138(a) to application.				
The requested extension and fee are as follows (chack time	bauod deaned and eng			
	Fee	Small Entity Fee	0400.00	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _	
☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))		\$795	s	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
☐ A check in the amount of the fee is enclosed. ☐ Payment by credit card. Form PTO-2038 is atta ☐ The Director has already been authorized to check the Director is hereby authorized to charge amount Account Number 20-0782/WEAT/0524/WARNING: Information on this form may become this form. Provide credit card information and sufficients.	arge fees in this appli y fees which may be r WBP. I have enclose	equired, or credit any or ed a duplicate copy of to ormation should not be	overpayment, t this sheet.	
05 DJONES1 100000003 200762 application		ED 9 71		
251 120.00 DA assignee of record of the enti-	re mierest. See 3/ C 3.73(h) is enclosed. (Form PTO/\$8/96).		
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attorney or agent under 37 Ct				
Registration number if acting und	184 37 CHI 1.34			
Kyla D. Cummings		February 4, 2005 Date		
6 Signature		713-623-4844		
Kyla D. Cummings Typed or printed name		Telephone Number		
NOTE: Signatures of all the Inventors of assigneds of record of the more than one signature is required, see below.	e entire interest or their rep			
M Toral of 1 forms are submitted.		•		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e information is required to	obtain or retain a benefit by to C. 122 and 97 CFR 1.11 and	ne public which is	

to Be (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.17 and 1.14. Into to Be (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.17 and 1.14. Into collection is settimated to take 8 mirrures to complete, including gathering, preparing, and scientifing the complete this form and/or USFTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or USFTO. Time will very depending upon the individual case. Any comments of time amount of time you require to complete this form and/or uspections for reducing this burder, should be sent to the Chief Information Officer. U.S. Patent and Tradaman Office, U.S. Depending of Comments, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ACORESS. SEND TO: Commentsationer for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-600-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN TYPE ____ (Column 1) (Column 2) OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE BASIC FEE **FOR** NUMBER EXTRA 150.00 NUMBER FILED OR X\$56= **TOTAL CHARGEABLE CLAIMS** minus 20= X\$ 25= OR X2 INDEPENDENT CLAIMS X=111= minus 3 = OR **MULTIPLE DEPENDENT CLAIM PRESENT** +180= +360= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN** 24.05 **SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-4 REMAINING NUMBER **PRESENT** TIONAL RATE TIONAL RATE AMENDMENT **AFTER PREVIOUSLY** EXTRA FÉE FEE **AMENDMENT PAID FOR** Total Minus X\$ 25= X\$50=OR Independent Minus X200= X100= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +360= +180= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI- ω REMAINING NUMBER. **PRESENT** PREVIOUSLY TIONAL RATE TIONAL RATE **AMENDMENT AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$50= X\$ 25=OR Independent Minus X100 =X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +360= +180= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL **PREVIOUSLY** RATE TIONAL RATE AMENDMENT **AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR Independent Minus X100 =X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR -----

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